



SPECIAL EVENTS GRANT SUPPLEMENTAL APPLICATION

Please complete the following supplemental application using the instructions provided on the last page of this application. Attach additional pages if necessary.

Name of Applicant: _____

Address: _____

Phone: (____) _____ E-mail: _____

Contact 1 _____

Name

Phone

Contact 2 _____

Name

Phone

Federal Tax ID # or Social Security #: _____

TOTAL GRANT FUNDING REQUEST: \$ _____

ELIGIBILITY REQUIREMENTS

Please answer the following questions to determine if your event is eligible for City grant funds:

	Y	N
Will your Special Event be held entirely within the City of Carlsbad?	<input type="checkbox"/>	<input type="checkbox"/>

Have you submitted a Special Events Permit application to the City? (If yes, please attach a copy to this grant supplemental application)	<input type="checkbox"/>	<input type="checkbox"/>
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Does your Special Event have a citywide interest? If yes, explain in the section below	<input type="checkbox"/>	<input type="checkbox"/>
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Has the Special Event received less than three (3) years of grants from the City? (If yes, please note below the number of years you have received grants from the City, if any)	<input type="checkbox"/>	<input type="checkbox"/>
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If you answered yes to all of the above questions, your request is eligible for this grant program. Please complete the remainder of this application. If you answered no to any of the questions, please contact Courtney Enriquez at the City of Carlsbad (760-434-2812) to discuss your eligibility for the special events grant.

GRANT REQUEST DESCRIPTION *(if necessary, please attach supplemental pages to document)*

Applicant Background

Organization: _____

Names of Officers and Board of Directors:

Name	Title

Name of the special event: _____

Location of event: _____

Date of event: _____

Please list the years in which your organization has received prior funding from the City and list the related dollar amounts:

How does your special event benefit and provide citywide interest to the Carlsbad community?

FINANCIAL CAPABILITIES/BUDGET

Estimated total cost of event: _____ \$

Please list additional funding opportunities (i.e. corporate or private sponsors, matching grants) currently committed or pending below:

Name	Percentage of financial contribution towards goal
_____	_____ %
_____	_____ %
_____	_____ %
_____	_____ %

An estimated event budget is must be included with your grant submission.

CERTIFICATION

We, the undersigned, do hereby attest that the above information is true and correct to the best of our knowledge. **(Two signatures required)**

Signature

Title

Date

Signature

Title

Date

SUPPLEMENTAL INFORMATION & ALTERNATIVE FORMAT

Please submit this supplemental grant application together with a written request (cover letter) to the City Council stating the amount of funding requested and intended use for this funding. As noted above, please attach a copy of your special event application.

City of Carlsbad will provide written materials in alternative formats and reasonable modifications in policies and procedures to persons with disabilities upon request.

RETURN COMPLETED APPLICATION

Please hand deliver, U.S. mail, e-mail or fax completed supplemental grant application packet together with your cover letter request to:

City of Carlsbad
Housing and Neighborhood Services
1200 Carlsbad Village Drive
Carlsbad, CA 92008
Attn: Courtney Enriquez

Telephone Number: 760-434-2812
Fax Number: 760-720-2037
E-mail: Courtney.Enriquez@carlsbadca.gov